



## Arizona Medical Board

9545 East Doubletree Ranch Road • Scottsdale, Arizona 85258

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### **FINAL MINUTES FOR PAIN MANAGEMENT GUIDELINES STAKEHOLDER'S MEETING Held at 2:00 p.m. on Thursday, March 16, 2006 9545 E. Doubletree Ranch Road • Scottsdale, Arizona**

#### ***Staff Members***

Mr. Timothy Miller, J.D., Executive Director

Mark Nanney, M.D., Chief Medical Consultant

Carol Peairs, M.D., Medical Consultant

#### **PUBLIC FORUM DISCUSSION**

Timothy Miller, J.D., Executive Director opened the meeting at 2:00 p.m. and opened the floor for discussion and suggestions regarding the draft Pain Management Guidelines (Guidelines).

Penny Rickhoff, from the American Chronic Pain Association, said, in her experience, she has found that chronic pain patients feel they are usually not believed by physicians, are treated as addicts and find physicians generally give them the lowest possible dosage of pain medications. Ms. Rickhoff said the Pain Management Guidelines are written in a tone that assumes the patient to be an addict because there is a work up the physician must perform for each patient prior to prescribing for chronic pain. Carol Peairs, M.D., Board Medical Consultant said she believed the Board tried to address those concerns in the Guidelines by addressing the difference between physical dependence and addiction. Dr. Peairs said the Guidelines are intended to be an educational tool for physicians and to assure the physicians that the Board looks at more than the dosage of an opioid prescription when deciding if disciplinary action is appropriate. Dr. Peairs said the patient work up described in the Guidelines is not anything other than what is normally done as protocol. She said chronic pain patients deserve the same kind of medical workup as any other patient. Ms. Rickhoff said patients are also often offended by having to sign a pain contract. Dr. Peairs responded that the current Guidelines do not mandate a pain contract, but rather leave the option to the physician.

Mr. Donald Cushing, Executive Director of the Desert Pain Institute said his institute receives referrals from primary care physicians who can no longer manage pain patients. He said it was his opinion that a primary care physician will read the Guidelines, determine they are too extensive to follow in a busy practice and refer all pain patients to specialists. He said he felt the Guidelines place a large burden on the day-to-day practitioner. He said he also felt that the Guidelines would instill fear in practitioners that there would be more areas of possible violations in their practices for which they needed to watch. Mark Nanney, M.D., Chief Medical Consultant stated the Guidelines address only chronic care, not acute care. Dr. Nanney said the Arizona Legislature has determined there must be a pain management policy in place and the Legislature is willing to draft the policy if the Board does not, so there will be Guidelines either way. Dr. Nanney said the purpose of the public forum is to obtain specific suggestions on how the Guidelines may be better constructed. Dr. Peairs asked Mr. Cushing if there was specific wording in the Guidelines that could be shown to Board Staff that was giving the impression of an extensive regimen. Dr. Peairs said she believed that following the Guidelines in a practice setting should only take seven minutes per patient and it would only apply to chronic pain patients. She said the Board is not trying to "set up" the physicians, but is rather trying to eliminate fear so physicians may better understand what the Board believes to be the standard of care. Mr. Cushing said he believes there needs to be communication from the Board to the medical community so the Guidelines are not interpreted in a way that instills fear.

Martha McKellan, R.N. from the State Compensation Fund of Arizona said she found, in her experience, that a physician's attitude toward chronic pain patients on hospice was to keep the patient comfortable, while their attitude for work compensation patients was to keep them virtually pain-free. She said this was shown by the higher prescribing level of opiates to workers' compensation patients than to hospice patients. She said the result was that hospice patients were able to function better than workers' compensation patients due to the lesser amount of opiates.

Michelle Pabis from the American Cancer Society spoke in favor of the Guidelines. She said 28 other state medical boards have passed model guidelines for the treatment of chronic pain and she felt the Board was on the right path. She said that physicians often have a fear of prescribing and she felt the Guidelines would help overcome those fears. Mr. Miller said the Board will be presenting its Guidelines to other Arizona State boards so they may have the opportunity to model their guidelines after the Board's Guidelines.

David Rosenfeld, M.D. Anesthesiologist from the Mayo Clinic, suggested the area of the Guidelines that refer to termination of a physician patient relationship be more specific. Dr. Peairs said that this portion of the Guidelines was left vague so a physician would be given the prerogative to know

when a patient relationship should be terminated. Dr. Rosenfeld also suggested that instead of the Guidelines referring to "chronic pain syndrome," they may rather say "subjective evidence of a severe functioning disability".

Mitchell Halter, M.D. said he is a pain management physician and spoke in objection to pain contracts and agreements. He said he has found that those terms scare most people, and so his office presents "informed consents" in place of pain contracts and agreements. Dr. Halter said he has also observed that as a whole in medicine, the medical community does a poor job of promoting health through behavior modification of patients. He said he does not agree with treating a patient with medication only, without aiming to solve underlying conditions that are causing the medical problems, which is often the patient's lifestyle. He suggested the Guidelines include ways to have physicians encourage healthy behaviors in patients.

Vance Hudson introduced himself as a layperson with reflex sympathetic dystrophy, and a chronic pain patient. He said his concern was that the Board understands a patient's view point of under-treating chronic pain. He said he has not been able to alleviate the pain from his disease and he has found that physicians are scared to prescribe a higher dose of medication. Dr. Peairs told Mr. Hudson that the Guidelines were written with diseases such as reflex sympathetic dystrophy in mind and that the patient's best interests are always a concern of the Board.

Stephen Borowsky, M.D. from the Arizona Pain Society said he was a member of Legislative Task Force on Pain. He said he found the Guidelines meet what State Legislature has asked. He also commented that the primary care physician will not be able to refer all chronic pain patients to specialists because there are not enough specialists in the community. He said that the regime described in the Guidelines may be time consuming, but it is the physician's responsibility to his job thoroughly and it should not be an issue of how much time it takes. Dr. Borowsky suggested that a form can be created to make the documentation/paperwork a quick process.

Michael Robersen from the State Workers' Compensation Company of Arizona said they saw five to six patients die last year from overdose. He spoke in support of the Guidelines and said he would like to see more specific wording to what is the accepted standard of care in the community.

Richard Ruskin, M.D. from Desert Pain Institute said he felt the primary care physicians will see the Guidelines and will opt to refer pain patients to pain management specialists. Dr. Peairs asked Dr. Ruskin if he could comment specifically on what was time consuming about the Guidelines. He said it was not the language, but rather an underlying message he felt was being sent that make primary care physicians feel chronic pain patients will be too extensive to care for in their practices due to the Guidelines.

Mr. Miller closed the meeting by saying said it is not the Board's intention to establish the standard of care with the Guidelines because the standard of care is determined by the community. Mr. Miller said the Guidelines were developed to help physicians, including primary care physicians, to feel comfortable treating chronic pain without having a fear of the regulatory environment. Mr. Miller said a final draft of the Guidelines will be presented at the April 5<sup>th</sup> and 6<sup>th</sup> 2006 Board Meeting for the Board's approval along with the Minutes from this meeting. He said if the Board adopts the Guidelines, they will become the final Guidelines. Mr. Miller said any concerned parties may address the Board directly at the Call to the Public at the time of the Board Meeting.

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A handwritten signature in black ink, appearing to read "Timothy C. Miller".

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Timothy C. Miller, J.D., Executive Director